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# The Summer Book: perspectives on communication and connecting

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“It isn’t my boat”, he said.

“I didn’t think it was. It has a hogged keel too. Did you borrow it?”

“I just took it”, Verner said. “I took it and drove off. It’s unpleasant to have them worry about you all the time”.

“But you are only seventy-five,” said Grandmother in amazement. “Surely you can do what you like.”

“It’s not that easy”, Verner replied. “You have to be considerate. They do have certain responsibility for you, after all. And when you get right down to it, you are mostly just in the way” [1, p 137].

Even though 47 years have passed, since Tove Jansson wrote *The Summer Book* in 1972, the main themes of the book are just as actual as if it was written this summer. The fear of losing control and the right to decide for oneself change relationships inside the family circle sometimes leading to distrust, misunderstanding, and disconnection.

In many cases, the changes in relations and disconnection are due to memory disorders, which are characterized not only by cognitive decline, but also with neuropsychiatric symptoms and the loss of autonomy in activities of daily living [2]. Sometimes, impairment in cognitive function is preceded by deterioration in emotional control, social behavior, or motivation causing confusion in the family well before the diagnosis.

Tove Jansson manages to capture both the fears and the yearnings of independence and explores a beautiful relationship of a grandmother with her 6-year-old granddaughter Sophia over one summer on an island. The two of them

wander on the island and most importantly have time for each other’s questions and reflections. During summer, other people, like Verner, appear in their wonderful monotony, bringing new perspectives or glimpses from the past.

In Geriatric Medicine throughout our working life, we will always be younger than our patients. We will not have first-hand experience what it feels like to grow old and dependent on others. Books like Tove Jansson’s *The Summer Book* can offer us this perspective. We are also reminded by Tove Jansson’s vivid storytelling how little we know about our patients and their rich lives. Only by knowing our patients and their life course, we are able to set individual meaningful treatment goals that matter to our patients and their families. For someone like Grandmother, it could be to spend one last summer on an island for example.

We as health care professionals have the possibility to help families by coaching both patients and family members to a better understanding of the nature of memory disorders and the importance of good communication and connection in every day life. We know from research that caregiver interventions reduce both behavioral symptoms in people with dementia and also family distress [3]. Family is an important resource and different generations provide possibilities for connecting in a very meaningful way despite changed balance and relations in the family. On the other hand, family members are also in the position of limiting the scope of action, which might cause concern or reduce the little joys of life.

They fetched his basket and his sweater, and everyone said goodbye. Grandmother proposed a glass of sherry, but Verner explained that sherry was a drink he had never really liked but only valued in conjunction with the memories they share, which were very dear to him. “They are dear to me, too,” said Grandmother honestly. “Now set a course straight past the Horse Rocks, it’s deep the whole way. And try to think of some way to outwit them.” “I will,” Verner said. “I promise you.” He started the motor and headed straight home [1, p 138–139].

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We all need to feel that we have been heard and understood. As medical professionals, we should invest in creating meaningful connections in all health care visits. Lately, the importance of architecture and memory-friendly design has been underlined. Universal design or technology can make dementia care easier in the hospitals and at outpatient clinics, but it does not make it happen. We need human touch. Connecting requires active listening, genuine interest, and being present, but when we succeed, we improve adherence to treatment and health outcomes, as well as patient satisfaction [4].

Another thing for us to remember is that it is not just a question of language. Behavior must also be understood as communication. Take for example Verner from *The Summer Book*. What will Verner's family think of his little trip? Will they think that Verner escaped? Or will they understand he just needed to go for fresh air and visit an old friend? Will they suggest GPS tracking in the future? Or locked doors? Up to 90% of individuals with memory disorders will experience at least one significant neuropsychiatric symptom during the course of their disease [5]. For this reason, it is important that we aim at an early diagnosis to reduce the unnecessary suffering and increase the understanding of memory disorders, even though no disease defining treatment exists today.

Language is powerful. Our words reflect our thoughts and feelings. It matters how we speak about our patients, how family caregivers speak, and also the language chosen by media or literature when it comes to older people. We should be active in trying to move the focus from the negative disempowering language to respectful language of hope, resilience, and love. Tove Jansson's *The Summer Book* gives us a wonderful example on how to do it.

"It's funny about love," Sophia said. "The more you love someone, the less he likes you back." "That's very true," Grandmother observed.  
"And so, what do you do?"

"You go on loving," said Sophia threateningly, "You love harder and harder." Her grandmother sighed and said nothing [1, p 66–67].

## Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflicts of interest.

**Ethical approval** This article does not contain any studies with human participants or animals performed by any of the authors.

**Informed consent** For this type of study, formal consent is not required.

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